			ed to resp	spond to a collection of information unless it displays a valid OMB control number				
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			1818).	Complete if Known Application Number 10/589,349 Conf. No.: 8178			Conf. No.: 9479	
FEE TR	ANG	MITTA		Application Number			Coni. No.: 6176	
				Filing Date	August 1			
For FY 2009			F	First Named Inven	101	Jun'ichi ABE		
Applicant claims small entity status. See 37 CFR 1.27			E	Examiner Name	L. Liu			
				Art Unit	2613	2613		
TOTAL AMOUNT OF PAYMENT (\$) 1,354.00				Attorney Docket N	o. 2611-02	2611-0258PUS1		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name:								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s)								
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FILING FEES Small Entity		SEARCH FEES EXA Small Entity		EXAMINATIO	ON FEES III Entity		
Application Type		Fee (\$)	Fee (\$)	Fee (\$)		ee (\$)	Fees Paid (\$)	
Utility	330	165	540	270	220	.10	0.00	
Design	220	110	100	50	140	70	0.00	
Plant	220	110	330	165	170	85	0.00	
Reissue	330	165	540	270	650 3	325	0.00	
Provisional	220	110	0	0	0	0	0.00	
2. EXCESS CLAIM FEES Small Entity							mall Entity	
Fee Description Fee (\$) Fee (\$)								
Each claim over 20 (including Reissues) 52 26 Each independent claim over 3 (including Reissues) 220 110							110	
Multiple dependent claims Multiple dependent claims						390	195	
				aid (\$)	ļ	Multiple Depe	endent Claims	
24 - 20 or HP =	2	x 52.00	= 104	1.00		Fee (\$)	Fee Paid (\$)	
HP = highest number of tota Indep. Claims	l claims paid for, Extra Claims	-	Ean D	aid (\$)	_	0.00	0.00	
6 - 3 or HP =	2	× 220.00 =		0.00				
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
100 = 0 / 50 = 0 (round up to a whole number) x = 0.00								
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount) 0.00								
Other (e.g., late filing surcharge): Request for Continued Examination (RCE) Fee 810.00								
SUBMITTED BY								
Signature Registration No. 40439 Telephone 703-205-8000							703-205-8000	
Name (Print/Type) D. Richard Anderson						Date June	Date June 17, 2010	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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